

Attachment C

CMS On-Going Dialogue with States on Waiver Quality

CMS over-sight of the HCBS Waiver Program is an on-going activity that consists of different kinds of interaction with the states. *On-going dialogue* is not new. Regional Office staff has always communicated with states in many different ways. These interactions with states throughout the life of a waiver are an important aspect of CMS over-sight activity.

Information accumulated through on-going dialogue with states adds to the body of information formally obtained through the 372 reports, state responses to CMS requests for information, complaints to CMS and state follow-up, CMS technical assistance and training, etc.

When gathered continuously over the 3-5 year cycle, the observations and body of information will serve as the basis for providing the state with a CMS report on the state's implementation of the waiver prior to the state's development of a renewal application.

CMS on-going dialogue takes many forms, including:

- **On-site direct observation of state activities;**
- **Direct communication with participants, families and advocates;**
- **Provision of technical assistance;**
- **Review of written documents;**
- **Other forms of dialogue**

I. **On-site direct observation of state activities** provides concrete evidence that the state is carrying out the program, including quality management activities, as described in its approved waiver. Examples include:

- Participating in state over sight activities i.e. monitoring visits conducted by the operating and/or Medicaid agency of sub-state agencies and/or service providers; talking with state staff who carry out this activity;
- Observing delegated program administration functions, i.e. talking with sub-state agency managers about service delivery and their understanding of requirements and the state's oversight of their functions,
- Accompanying case managers on routine visits;
- Observing services being delivered and talking with providers about service delivery and their understanding of requirements;
- Talking to staff responsible for incident management and/or risk management to learn about their process and their experiences;
- Attending state quality management meetings that review findings and develop improvement strategies or equivalent activities;
- Attending an ISP meeting (with the consent of the participant);

II. Direct communication with participants, families and advocates provides an opportunity to hear directly about the experiences of individuals in the system, to learn about the program, to affirm CMS’s oversight role and to provide information and respond to questions about the federal program. These interactions may occur:

- On a one-to-one basis during program visits;
- In response to complaints from participants, families, providers and other stakeholders;
- CMS staff may request of states the opportunity to participate in any standing meetings or events that provide an opportunity to meet with groups of participants, families and advocates.

III. Through the **provision of technical assistance**, relationships between CMS and state agency staff develop that facilitate information sharing. Technical assistance to the states provides valuable assistance in understanding and meeting CMS expectations and in improving quality. Examples include:

- Phone contact;
- State agency staff visit CMS offices;
- CMS staff visit the State agency;

IV. Review of written documents, including:

- 373 S & Q reports annually;
- Reports filed by the state as required follow up to an inquiry, a review or investigation;
- Special reports required by a renewal application approval;
- Standard quality management reports submitted by the state on a voluntary basis to inform the Regional Office of progress or as part of a corrective action plan.

Examples include:

- Summary results from POC reviews;
- Summary reports on the use of restraints;
- Summary reports of mortality review(s);
- Results from Medicaid Agency oversight activity;
- Results of consumer satisfaction survey;
- Minutes of routine relevant administrative committees i.e. Human Rights, Quality Management, Risk Management, etc.

V. Other/General

- Attending and presenting at state sponsored conferences or meetings;
- Hosting “education days” (meetings or calls) for sharing information among states and Regional Office;

- Monthly meetings /phone calls with State Medicaid Directors to discuss developments in the federal program and state issues.

It is essential that CMS staff document the on-going dialogue to record and preserve the interactions between CMS and State staff and the outcome/decisions made as a result of the dialogue.